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the 1981 White House Conference on Aging

ORIGINAL

Report of the Mini-Conference on Vision and Aging

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

MINI-CONFERENCE CONVENOR

VISION

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Bethesda, Maryland
January 11-13, 1981

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AGING & VISION INSIGHTS:

A 1981 MINI WHITE HOUSE CONFERENCE
BETHESDA HOLIDAY INN, BETHESDA, MD.
JANUARY 11TH-13TH

RESEARCH
PROGRAM
POLICY

141 Attendees
21 States
All Self-Pay

Background Information on the Need

A variety of vision changes affect older people. These range from conditions affecting sensitivity to glare, difficulties in night driving, and daily living to severe and total blindness. A major theme of this conference was that no matter what the degree of vision impairment, there were many ways to live, work and function more effectively.

Estimates from Available Data Sources on the Need

There are many different types and degrees of vision loss and very different ways of measuring such loss. The following estimates reflect the most recent figures according to accepted definitions of different types of visual impairments. These figures were compiled by the American Foundation for the Blind, Social Research Dept. (1,2).

Legal Blindness

Legal blindness is defined according to central acuity of 20/200 or less (Snellen Chart Measure) in the better eye with the best correction, or a visual field which has narrowed to 20^{o} or less.

According to the National Society to Prevent Blindness, in 1978, there were an estimated 498,000 legally blind persons, of whom 53% or 265,950 people were elderly (3). By this estimate, just over 1% of the nation's 25,000,000 older people were legally blind.

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ENDORSED BY THE 1981 WHITE HOUSE CONFERENCE ON AGING

The Conference

The 1981 Mini-White House Conference on Vision and Aging was convened at the request of the White House Conference on Aging by the American Foundation for the Blind and 15 co-sponsors.

The conference was organized and planned as a "working" meeting. A steering committee of co-sponsors reviewed proceedings from previously held national meetings on aging, blindness, low-vision and sensory function and developed eight working groups around the salient issues identified in previous meetings. The groups were:

1. Older workers with limited vision;
2. Expanding learning opportunities and media for vision impaired older people;
3. Developing an agenda of public education on vision and aging;
4. Advances in diagnosis and treatment;
5. Independence in community living and transportation;
6. Low Vision;
7. Models for rehabilitation and their application to blindness centers, senior centers and health care agencies and nursing homes;
8. Advanced technology in vision and aging.

The first sessions of the conference, a series or orienting lectures were presented by legislators, a panel of consumers, White House Conference Staff, and leaders in rehabilitation, medicine, low vision and aging services. These were followed by five-hour meetings of the eight working groups which developed descriptive lists of the issues of their topic area. (These are reported in longer Proceedings, available through the American Foundation for the Blind.)

On the third day of the conference, participants met to consolidate their recommendations under six areas and this is a summary of those consolidated reports. Each recommendation was individually read, commented upon by the full assembly, and voted upon. All of the recommendations were adopted with minor additions or wording changes as presented here. (Additional letters and comments are available in the longer Proceedings, as well as an analysis of related legislation.)

Recommendations were prepared by the participants in three areas of direct interest to consumers:

1. Public Education;
2. Rehabilitation and Treatment;
3. Low Vision and Public Policy

Recommendations in three additional areas are essential to using existing knowledge and experience more widely or effectively to implement the recommendations.

4. Professional Education and Professions;
5. Research;
6. Financing and Legislation.

Severe Visual Impairment

Severe visual impairment is defined as inability to see or to read ordinary newspaper print, even using one's glasses, if applicable. Statistics are based on interview responses rather than on actual measurements made by professionals.

According to the 1977 Health Interview Survey of the National Center for Health Statistics (NCHS), there were about 1,391,100 severely visually impaired persons in the noninstitutional population, of whom 71% or 990,000 persons were elderly (4). These severely visually impaired persons comprise about 4% of the elderly, non-institutionalized population.

Visual Impairments in Institutionalized (Nursing Home) Elderly Population

The 1977 National Nursing Home Survey of NCHS estimated that about 5% of all elderly people reside in nursing homes at any given time (5). In that study, it was also reported based on observations of nursing home staff, that about 3% of the residents were unable to see and another 26% were partially or severely visually impaired, giving a total of about 344,000 nursing home residents who were visually impaired in all.

Estimate of Serious Visual Impairment from All Studies

Keeping in mind that the Health Interview Survey and the Nursing Home Survey used different measures of visual loss, if we nevertheless add the figures from the two studies, we arrive at a rough estimate of about 1,334,000 seriously visually impaired elderly persons, of whom about 25% are in nursing homes.

Low Vision

A newer term, low vision, has been adopted to describe people who are partially sighted. The American Academy of Ophthalmology (8) defines low vision as "a state of imperfect vision which cannot be improved by medical or surgical means or by refraction." Genensky has estimated the size of the low vision population, taking into account both the estimates of "legal blindness" and of "severe visual impairment." Genensky concludes that the low vision or partially sighted population of the U.S. in 1977 was about 1,709,000 persons, of whom 48% or 824,000 were elderly (9).

Other Conditions

Most statistics on vision are based on the ability to read. No statistics have been collected on a national basis about the numbers of elderly who have difficulties with other conditions such as night vision, glare sensitivity or who need more light. Yet all of these descriptions repeatedly result from research on the vision needs of older people (10). It has been estimated that after age 75, one or more of these problems characterizes over three-fourths of all elderly people (10).

INDEX OF RECOMMENDATIONS: VISION AND AGING HIGHLIGHTS

(On the pages that follow, each of the recommendations is presented with corresponding background material. Roman numerals refer to topics (I-VI), letters to major recommendations (A-C) and numbers to specifications/sub-parts (1-10).)

I. PUBLIC EDUCATION
   A. Centralized Information Sources are Needed:
      1. For all consumers, a clearinghouse and a toll-free number;
      2. For all homebound blind, access to information;
      3. For professionals, a clearinghouse;
   B. People Need to Know About a Full Continuum of Vision and What They Can Expect At Any Level of Ability:
      1. "Functional Vision" should be emphasized (See Rec VB) because this refers to how people make use of vision;
      2. Vision needs to be considered in better relation to one's life-style;
   C. Media and Environments Could Be Made More Useful/Helpful to Older People With Vision Problems:
      1. Print legibility specifications are needed;
      2. Standards for physical environments and lighting are needed;
      3. Provisions should be made for print alternatives such as recorded materials and radio information;
      4. Barriers to wider use of print alternatives should be removed.

II. REHABILITATION AND TREATMENT
   A. Specific recommendations are made on six (6) pieces of existing legislation;
   B. A list of ten (10) basic components of community services for a full range of visually impaired older persons is recommended with strategies for development.

III. LOW VISION AND POLICY (Low Vision is defined on p. 2 of this report)
   A. Legislation and funding are recommended to provide low vision services to older people through public and private sectors;
   B. Educational recommendations are made to remove barriers to services;
   C. Research is advised specifically on low-vision and aging.

IV. PROFESSIONAL EDUCATION AND PROFESSIONS
   A. Funding, development, and provision of interdisciplinary curriculum are recommended;
   B. Coordination and dissemination of information from and to professionals are recommended (See Rec. I);
   C. Inservice and continuing education are recommended.

V. RESEARCH (See also: IIIC; IC; VIB.)
   A. It is imperative to coordinate research in vision and aging.
   B. Research should be performance (task) oriented (See Rec. III).("Functional" is defined in Rec IB1.)
   C. Social policy analyses and improved population data are needed in vision and aging.

INDEX OF RECOMMENDATIONS: Vision and Aging Highlights (cont.)

VI. FINANCE AND LEGISLATION

A. Existing Legislation is reviewed with specific revisions and specifications.
   1. Medicare/Medicaid should include low vision services;
   2. Older Americans Act should cover identification of vision problems and fixing of responsibilities for services;
   3. Funding recommendations made for the Rehabilitation Act of 1973 to provide Independent Living Services for elderly blind and low vision service centers;
   4. Radio reading and print alternative audience expansion advised (See Rec. IC.);

B. Policy and Financing priorities are stipulated.
   1. For research funding, vision impairment and high technology are priority areas (see in conjunction with Rec V and IIIC).
   2. Research centers, combining older populations and researchers are advised (See also IIIC, and V.)

C. Specific recommendations are made for policy and financing of education on vision and aging with implications for Title VII of the Public Health Service Act, local schools, and education to and for people of all ages.

Other Highlights

For more information on these recommendations and the specific reports of the eight working groups, a separate set of Proceedings has been prepared and is available through the American Foundation for the Blind.

In conjunction with this Mini-Conference, a pre-conference meeting was held on topics of Research in Low Vision and Aging, sponsored by the American Foundation for the Blind in cooperation with staff from the National Eye Institute and the National Academy of Sciences. A report of that conference is available through the Social and Demographic Research Department, American Foundation for the Blind.

While tapes of all presentations/working groups were not made, National Public Radio prepared a broadcast around the conference and the Public Information Department of the American Foundation for the Blind has a one-hour tape (including the highlights of consumer Jessie Bain's presentation and background information on the conference) and several press releases.

Follow-up actions of the participants are listed following the consolidated recommendations.

I. PUBLIC EDUCATION ON VISION AND AGING

General Statement of Introduction

There are a number of public and private agencies providing information on services and problems in vision and aging. At the same time, there are a large number of older people of all income levels who have little or no understanding of their own visual problem, of the availability of service, nor of resources to meet their needs. This lack of awareness among older people, care givers and legislators has resulted in:

1. Underutilization of existing services;
2. Premature withdrawal from work or activities;
3. Unnecessary institutionalization;
4. Reduction in individual quality of life.

A system of public education is needed to address these concerns for consumers and for the community, as well as to advocate for the coordination of new and existing programs and services where needed.

IA. RECOMMENDATIONS ON PUBLIC EDUCATION THROUGH CENTRALIZED INFORMATION

To create more enlightened and sophisticated consumers and providers of services for the aging, visually impaired and otherwise, there needs to be better information available on both specific and general topics for both consumers and providers.

For Consumers

1. That Congress mandate the establishment of a comprehensive information and referral service in the Administration on Aging which is easily accessible via "800" telephone numbers, mail, and walk-in, to provide (after an informal interview) appropriate specific referrals and information about services available on a national,state, and local level, including public, private and voluntary resources.

   Actions Recommended

   a. That staff be adequately trained to provide explicit referrals and information in the areas of aging, vision, rehabilitation, vocational guidance, education and health care;

   b. That the service provide for ongoing gathering of current information from all sources.

2. That the Commissioner on Aging be encouraged to make grants to any public agency or private nonprofit organization or enter into contracts with any agency to develop or improve methods of coordinating all available social services for the homebound elderly blind and disabled as provided in the Commissioner's Discretionary Projects and Programs authority under the Older Americans Act, as amended.

IA. RECOMMENDATIONS ON PUBLIC EDUCATION THROUGH CENTRALIZED INFORMATION (continued)

For Providers

3. That a Central Clearing House of Information (e.g., Clearing House for Health Information and Health Promotion) be developed, using public health education models.

4. That a Coordinated Educational Network on vision, vision impairment and aging be developed.

Actions Recommended

That this network be developed by working with the various public and private agencies on services and resources available, service providers, program planners and managers and that such a network be accessible through schools, industry and community agencies.

IB. RECOMMENDATIONS ON PUBLIC EDUCATION REGARDING THE FULL RANGE OF VISION ABILITIES/CONDITIONS

Background

The public does not accurately understand the implications of "functional vision" and how such vision may be used in daily living. This is particularly true of the elderly (including those who are partially sighted, moderately or severely visually impaired) who have limited understanding of a continuum of vision and therefore of what their visual expectations might reasonably be. Such ignorance is a result of the lack of coordinated educational efforts which has raised problems for older people, families, care givers and legislators in terms of:

-Underutilization of existing visual services including resources available for people with low vision and the ultimate capacity to which vision and performance can be improved;

-Premature withdrawal from vision related activities;

-Unnecessary institutionalization;

-Diminution of the individual's quality of life.

Recommendations Regarding the Public Education on the Full Range of Vision Abilities/Conditions

For the Technical Committees of the White House Conference on Aging and the appropriations and authorizing Committees of Congress for Health Research

1. A coordinated effort needs to be undertaken at all levels, including governmental and private sectors, to develop a standard definition of vision as a functional entity and then to disseminate this information in a coordinated and sustained manner to the elderly consumer.

Actions Recommended

This definition should convey the concepts that:

a. Functional vision is that level of vision that enables the individual to perform those tasks essential to maintenance of his/her routine life-style; and

b. functional vision, for the individual, changes along a continuum, throughout the life cycle.

2. There should be educational programs on vision and aging integrated into all levels of learning (elementary, secondary, post-secondary and continuing educational programs).

3. A body of knowledge should be developed concerning vision and aging as it relates to visual function. This information should be made part of academic training at the appropriate levels of professional education (see Recommendations IV).

IC. RECOMMENDATIONS ON PUBLIC EDUCATION REGARDING EXTENDING MEDIA AND ENVIRONMENTS TO VISUALLY IMPAIRED OLDER PEOPLE

Background

Information and educational material pertaining to functional visual deficits is frequently disseminated in a format which diminishes its utility for the specific target audience.

Recommendations on Public Education Re: Extending Media to Visually Impaired Older People And Providing Environments More Conducive to Use

1. Printed Communications- Pertinent guidelines for visibility and intelligibility of communications materials should be developed by the National Bureau of Standards in conjunction with advisory groups of vision care professionals and consumers and these guidelines should be made available to the printing, publishing and other media industries.

2. Physical Environments- Functionally-based guidelines should be developed on the particular ways the physical environment (including lighting levels and types) should be modified to meet the needs of older people who are partially sighted or even moderately sensitive to conditions of glare or diminished light. These should be integrated into ANSI and other standards and their use should be urged in commercial buildings, residences and spaces or areas potentially usable by older people.

3. Print Alternatives: Radio and Recorded Matter- Government policy and support for services which provide alternatives to conventional printed matter should be encouraged with specific reference to radio information services for the blind, recorded matter, and legible alternatives to print.

4. Removal of Barriers to Wider Use of Print Alternatives- F.C.C. regulations, copyright laws and other legislation and policy should be reviewed with the objective of providing media in formats useable by people with a full range of vision and related physical impairments.

II. REHABILITATION AND TREATMENT ON VISION AND AGING

General Statement of Introduction

Funding resources are frequently rigid and uncoordinated. The legislative process fragments responsibility for the implementation of services: e.g., in the Older American's Act, where all monies are allocated to training service providers, there is limited emphasis on "self-help" concepts. Traditionally, rehabilitation and education emphasis has been placed on youth and/or vocationally-oriented consumers. There is a lack of development and awareness of private resources for funding.

IIA. RECOMMENDATIONS ON REHABILITATION AND TREATMENT RE: COORDINATION AND USE OF EXISTING PROGRAMS

Since older visually impaired Americans can benefit from services funded by different Federal Agencies, it is recommended that comprehensive and adequate funding across federal agencies be large enough in scope and flexible enough to facilitate the development and maintenance of high quality comprehensive service programs.

Actions Recommended

a. Fund Title VII, Part C of the Rehabilitation Act of 1973 as amended at a $10 million dollar level, irrespective of the status of funding of Title VII, Part A of this act.

b. Under section 504 of the Rehabilitation Act of 1973, incorporate the educational and employment needs of older persons, including the elderly visually impaired.

c. Expand the Vocational Education Act so that older persons including elderly visually impaired may take advantage of job retention opportunities and opportunities to develop new skills.

d. Expand the Senior Opportunities and Service Program under the Community Services Administration to guarantee the inclusion of elderly visually impaired and blind people.

e. Expand the Older Americans Act to include self-help programs for the elderly population, including the elderly visually impaired and blind.

f. Expand Title II and III of the Comprehensive Employment and Training Services Section 215, which can assist older workers in overcoming barriers to employment posed by changing physical characteristics associated with aging and Section 308 to conduct research on relationships between age and employment.

IIB. RECOMMENDATIONS ON REHABILITATION AND TREATMENT REGARDING COORDINATION OF SERVICES AT THE COMMUNITY LEVEL

Background

There is a need for increased comprehensive community services with coordination, shared training and communication among service agencies for the aging, agencies for the visually impaired, and for the blind. For a continuum of services to be implemented, it is necessary to determine the availability of needed services and the need for personnel.

Recommendations on Rehabilitation and Treatment Re: Coordination of Services at the Community Level

It is recommended that a comprehensive mandated system be implemented to establish the major program elements and manpower requirements necessary for a complete continuum of services to older visually impaired and blind Americans. This continuum would provide mobile and community-based interdisciplinary services without means tests and with consumer involvement. Components of a program of services for visually impaired older people should include but not be limited to:

1. Information and referral;
2. Outreach and transportation services;
3. Assessment, medical diagnosis and low vision services;
4. Counselling, social work and mental health services;
5. Rehabilitation teaching and orientation and mobility instruction;
6. Vocational and job retention services;
7. Development of self-help programs;
8. Home care services;
9. Adult education and recreation services;
10. Development of and access to technology, appliances and necessary consumer products.

Actions Recommended

1. Provide interagency task forces at the federal, state and local levels to establish the full continuum of services and to make these service components available through issuance of program policy statements.

These task forces should include representatives of Rehabilitation Services Administration-Services for the Blind, Administration on Aging, Social Security Administration, Community Services Administration, National Institute of Mental Health/Community Mental Health Services; Health Resources Administration; Long-Term Care and the private sector of non-profit programs and of other appropriate programs.

2. Encourage the interchange of direct services and consultant training for staff among vision/blind rehabilitation programs, aging service programs, and other appropriate programs to ensure the ease of entry for the visually impaired person into any service system.

III. LOW VISION AND POLICY

General Statement of Introduction

Visual impairment increases with age. There are lack of services, funding, communication and research in consumer and professional communities for addressing vision and age-related problems which result in costly dependency and institutionalization.

The vast majority of visually impaired individuals have useable vision. The public and professions in general are not aware of the distinctions between "blind" and "visual impairment," of the resources available to the visually impaired person and the ultimate capacity to which vision and performance can be improved. Finally, there is a gap between laboratory findings and their application to clinical problems and daily living.

Recommendations on Low Vision and Policy

IIIA. RECOMMENDATION ON SERVICE DELIVERY-FUNDING AND LEGISLATION IN LOW VISION

Legislation needs to be enacted to provide funding for low vision services (in private and public sectors) as a component of integrated health care. (See definition of low vision, first page.)

IIIB. RECOMMENDATION ON PUBLIC AND PROFESSIONAL EDUCATION IN LOW VISION

Specific actions are needed to effect change and reduce attitudinal, physical and fiscal barriers to low vision services through public professional education. This should include:

1. Development of a clearinghouse of information (See Rec. I.);
2. Development of models for service and service delivery;
3. Better utilization and coordination of national, community-based programs and organizations;
4. Funding from governmental and private sources to support public and professional education awareness programs.

Actions Recommended

The National Clearing House, described in several of these recommendations, should serve to disseminate information through mass media; curriculum development. continuing education and in-service training.

Health Systems Agencies, authorized under Title VII of the Public Health Service Act, should be targeted for the purposes outlined above.

IIIC. RECOMMENDATIONS ON RESEARCH AND TECHNOLOGY FOR LOW VISION AND POLICY (See also Rec. VI.)

Funding of low vision research should be encouraged which is specifically related to aging and which should be conducted in public and private sectors. Such research should be problem oriented and clinically based (see Rec. IB).

Actions Recommended

To encourage investigator initiated research (RO1) in the following areas:

1. Target epidemiological studies of high risk ethnic populations concerning visual impairments;
2. Low vision rehabilitation centers to develop a problem-solving approach to the functional vision difficulties created by visual impairment and to develop connections between laboratory research, clinical practice and rehabilitation services.
3. Psychophysical investigations of methods of vision evaluation which are related to function and performance should be endorsed and expanded.

IV. PROFESSIONAL EDUCATION AND PROFESSIONS

Background

Recognizing that current professional education in colleges and universities is inadequate to meet the needs of elderly with visual problems and the needs of those who work with or for such populations, steps need to be taken to devise and adopt curricula appropriate to the needs of older people with visual problems.

IVA. RECOMMENDATION ON CURRICULUM ON AGING AND VISUAL FUNCTION FOR PROFESSIONAL EDUCATION AND PROFESSIONS

Within appropriate professional learning centers, fund, develop and implement curricula with an interdisciplinary approach as it relates to aging and visual functions.

IVB. RECOMMENDATION ON COORDINATION AND DISSEMINATION OF INFORMATION FROM AND TO PROFESSIONALS AND CONSUMERS

(See Recommendation I, similarly stated and to serve professional needs.)

IVC. RECOMMENDATIONS ON PROVIDING INSERVICE AND CONTINUING EDUCATION IN CLINICAL AND LONG-TERM CARE SETTINGS

Background

Continuing education is recognized as a critical need due to the ongoing research and developments in the fields of aging and visual impairments/rehabilitation.

Recommendations on Providing Inservice and Continuing Education in Clinical and Long-Term Care Settings

1. Inservice training should be encouraged and provided in clinical and long-term care settings;

2. Continuing education should be encouraged in the provision of up-to-date information to professionals in public and private practice/services.

Actions Recommended

An interdisciplinary approach should be taken to both the inservice and continuing education.

V. RESEARCH

VA. RECOMMENDATIONS REGARDING COORDINATION OF THE RESEARCH ENTERPRISES IN VISION AND AGING

Background

Research on vision and aging problems, particularly in the area of visual handicap, is fragmented. Although several federal agencies support such research, its priority within the individual agencies is generally low. We do not have a comprehensive national plan for coordinating the research efforts of federal agencies or a general consensus on research priorities. Researchers in various disciplines (biology, psychology, medicine, engineering and social sciences) are doing work relevant to problems of aging, vision and impairments, but there is insufficient interaction and exchange of information among them.

Recommendation Re: Coordination of the Research Enterprises

Coordination of the research enterprises in vision and aging is imperative.

Actions Recommended

1. Government agencies should develop a strategy for coordination of their research efforts and for development of a comprehensive national research agenda in this field. Opportunities should be explored for joint funding of meritorious research proposals that might otherwise fall between the cracks.

2. Mechanisms should be explored for fostering closer working relationships among the professions and scientific disciplines in research involving vision and aging (e.g., biologists, physiologists, clinicians, rehabilitation specialists, engineers and social scientists). Such mechanisms might include the development of centers which combine research and diagnosis with service delivery including a) integrative training programs for professionals, and b) use of existing journals and symposia (especially in basic vision science, gerontology, and engineering) to familiarize a broader population of professionals with the problems of vision and aging.

VB. RECOMMENDATIONS REGARDING THE NEED FOR RESEARCH TO BE PERFORMANCE (TASK) ORIENTED

Background

Further studies of the vision of older persons with intact visual systems are required and more appropriate tests of visual performance should be developed.

Low vision is common in the elderly and new and improved methods of diagnosis and treatment should be developed and their efficacy studied.

Low vision research and research training would be most effective if conducted in centers providing low vision services.

Recommendations Regarding the Need for Research to Be Performance or Task Oriented

Special attention must be given to supporting and funding of performance-oriented research to better identify and evaluate the vision characteristics of the elderly and to rectify or ameliorate functional disabilities.

VC. RECOMMENDATIONS REGARDING THE NEED FOR SOCIAL POLICY ANALYSIS AND IMPROVED POPULATION DATA ON VISION AND AGING

Background

There is inadequate knowledge of the population of concern, i.e., the vision status of older people as related to sociodemographic characteristics. Population-based studies on a national basis are also required to develop needs assessments and evaluations of programs and technologies.

Recommendations Regarding the Need for Social Policy Analysis and Improved Population Data on Vision and Aging

Population-based data collection is needed on a national scope in order to conduct policy relevant analyses such as:

1. needs assessments for services, research and technological development in aging and vision;
2. epidemiological studies;
3. cost-benefit analyses of services and cost control of service delivery;
4. evaluation studies of programs and technology;
5. better research on consumer protection and related consumer issues regarding vision care and prosthetics;
6. deployment strategies (getting devices into the hands of users and attendent problems).

VI. FINANCE AND LEGISLATION (Recommendations in this area are in part a summary of points made in the other five areas.)

VIA. RECOMMENDATIONS ON EXISTING LEGISLATION

1. Medicare and Medicaid amendments should be adopted to include low vision services as defined by the American Academy of Ophthalmology Task Force (refer to AAO definition, first page, this report).

2. The Older Americans Act should be amended such that:

   a. It is mandated that older Americans with vision problems be identified and provided with services;
   b. Coordinated mechanisms and a fixing of responsibilities be established at all levels and all authorizations of services for older persons with visual problems.

      Actions Recommended:

      (1) Monitor research and model projects at all levels in terms of these responsibilities for identification and service of problems with vision;

      (2) Assess the quality of services by using recognized non-governmental accrediting organizations.

   c. Encourage community based vision evaluation programs at the local level.

3. The Rehabilitation Act P.L. 95-602 should be funded and revised such that:

   a. Title VII should be funded up to authorization levels;
   b. Part C, Independent Living Services for Elderly Blind, should be separated from Part A of Title VII;
   c. The regulations implementing Section 305 should be revised to include low vision service centers.

4. Radio reading and print alternative services should be maintained and encouraged. Audiences should be enlarged by means of grant and funding support.

VIB. RECOMMENDATIONS REGARDING POLICY AND FINANCING OF RESEARCH IN VISION IMPAIRMENT AND RELATED HIGH TECHNOLOGY

1. Increased funding should be made available for research in the area of vision impairment, including high technology.

   Actions Recommended

   Such research should be made available through National Eye Institue, National Institue of Handicapped Research and through the private sector.

2. Research centers hould be established or enlarged to combine large client populations and researchers in multiple disciplines. (See also, Recommendations V.)

VIC. RECOMMENDATIONS REGARDING POLICY AND FINANCING OF EDUCATION ON VISION AND AGING/ FOR VISION AND AGING

1. Title VII of the Public Health Service Act should be utilized to encourage curriculum development concerning the visually impaired aged and related treatment and research.

2. At local and state levels, curriculum development should be encouraged concerning visual impairment, blindness and their prevention at all grade levels from elementary to high school levels. Such curriculum should cover the topic throughout the life cycle including old age.

3. Problems of the visually impaired aged should be made known to the public including older persons through continuing education. (See also: Recommendation Series I and V.)

SHORT TERM FOLLOW-UP

During the Conference several measures were taken to involve the participants in a number of responsibilities in carrying out these recommendations within their professional and personal abilities.

An ad hoc steering committee was established to disseminate these recommendations, and encourage state and regional level involvement in the activities necessary to implement them including those efforts related to the 1981 White House Conference on Aging. That Committee includes:

Alan Dinsmore, Legislative Office, American Foundation for the Blind, Washington, DC.
Ed LeMoine, American Council for the Blind, Washington, DC.
Stephanie Whyche, American Optometric Assn., Washington, DC.
John F. Nowell, M.D., American Academy of Ophthalmology, Falls Church, VA.
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National Voluntary Organizations
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REFERENCES

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7. See the following articles for a discussion of the limitations of NCHS-NNHS and the problems of comparing its estimates with those of NCHS-HIS:

   Peterson, R. & Kirchner, C. Prevalence of blindness and visual impairment among institutional residents. Journal of Visual Impairment and Blindness, 1980, 74 (8), 323-336.

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GROUP LEADERS AND SPEAKERS

A full list of conference attendees is available from the American Foundation for the Blind. This list indicates individual who worked especially hard at the conference in leading their peers through the recommendation building process.

Speakers

Jeff Lewis
Lou Bracknell
Herman Brotman
Jessie Bain
William Gallagher
Stephanie Whyche
Jerome Waldie
Mark Uslan
David W. Hartman
Eleanor Faye
Harry Walker
Sheila Raviv
William Oriole
Robert O'Donnell

Media

John Mulvihill
Cheryl McQueen
John O'Rourke
Maureen Barry
Tanya Beshgatoor

Moderators and Recorders: Working Groups

Henry Stern	Older Workers
Milton Jackson	Older Workers
Stephanie Whyche	Older Workers
Sandra Timmerman	Learning Opportunities
Robert Brieff	Learning Opportunities
Robert Rosenberg	Public Education
Edward LeMoyne	Public Education
Bella Jacobs	Public Education
Chas. Schepens	Diagnosis and Treatment
John Nowell	Diagnosis and Treatment
Stanley Brody	Community Living
Steve Massinari	Community Living
Al. Rosenbloom	Low Vision
Philip Shelton	Low Vision
Gerald Fonda	Low Vision
Randy Jose	Low Vision
Robert Winn	Rehabilitation
Stephen Ainley	Rehabilitation
Susan Phillips	Technology
Barbara Gastel	Technology
Joan Majeune	Technology

Moderators and Recorders: Consolidated Recommendation Groups

Edward Lemoine	Public Education and Professions
Robert Rosenberg	Public Education and Professions
Robert J. Winn	Rehabilitation and Treatment
Joan Majeune	Rehabilitation and Treatment
William Padula	Low Vision and Policy
Phyllis Michaelson	Low Vision and Policy
Gregory Goodrich	Professional Education
Stephanie Whyche	Professional Education
Corinne Kirchner	Research
Key Dismukes	Research
Philip Shelton	Financing and Legislation
Alan Dinsmore	Financing and Legislation
Ken Philips	Public Education
Pricilla Rogers	Professional Education and Professions

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Mini-Conferences have been recognized by the 1981 White House Conference on Aging and convened by organizations that wished to focus attention on special aging issues.

Recommendations of mini-conferences are not the recommendations of the official delegates to the Conference or the U.S. Department of Health and Human Services. They represent the views of the participants in the mini-conferences. They are being made available to the delegates as part of their background materials for the national conference.

The following Mini-Conference Reports have been published:

Recreation, Leisure and Physical Fitness
Aging and Alcoholism
Energy Equity and the Elderly
Public/Voluntary Collaboration: A Partnership in contributing to independent living for the aging
National Health Security
Concerns of Low-Income Elderly
Vision and Aging
Alzheimer's Disease
Arts, the Humanities and the Older Americans
Older Women
Life-Long Learning for Self-Sufficiency
The Urban Elderly
Rural Aging
Long-Term Care
Non/Services Approaches to Problems of the Aged
Spiritual and Ethical Value System Concerns
Transportation for the Aging
American Indian/Alaskan Native Elderly
Pacific/Asian Elderly "Pacific/Asians: The Widsom of Age"
Environment and Older Americans
Rights of the Institutionalized Elderly and the Role of the Volunteer
Veterans
Mental Health of Older Americans
Saving for Retirement
Hispanic Aging
Challenging Age Stereotypes in the Media
Oral Health Care Needs of the Elderly
Housing for the Elderly
Consumer Problems of Older Americans
Senior Centers
Elderly Hearing Impaired People
Black Aged
Legal Services for the Elderly
Simplifying Administrative Procedures and Regulations in Programs Affecting the Elderly
Intergenerational Cooperation and Exchange
Self-Help and Senior Advocacy
Euro-American Elderly
Inter-relationship of Government, Private Foundations, Corporate Grant-Makers and Unions
"The National Dialogue for the Business Sector"
Foot Health and Aging
Pacific Islanders Jurisdiction
Gerontological Nursing